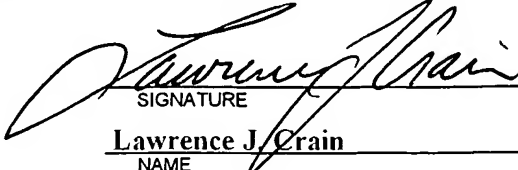


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U.S. APPLICATION NO. (if known, see 37 CFR 1.5) 10/522055		INTERNATIONAL APPLICATION NO. PCT/FR2003/002314		ATTORNEY'S DOCKET NUMBER 1606.72259	
21. The following fees are submitted:					
<input checked="" type="checkbox"/> a) Basic national fee..... \$300.00				\$	
<input checked="" type="checkbox"/> b) Examination fee..... \$200.00				\$	
<input checked="" type="checkbox"/> c) Search fee..... \$500.00				\$	
TOTAL OF ABOVE CALCULATIONS = \$1000.00				\$	1,000.00
<input type="checkbox"/> Additional fee for specification and drawings filed in paper over 100 sheets (excluding sequence listing or computer program listing filed in an electronic medium). The fee is \$250 for each additional 50 sheets of paper or fraction thereof.					
Total Sheets	Extra sheets	Number of each additional 50 or fraction thereof (round up to a whole number)	RATE		
12 - 100 =	0 /50 =		x \$250.00	\$	
Surcharge of \$130.00 for furnishing the oath or declaration later than 30 months from the earliest claimed priority date (37 CFR 1.492(e)).				\$	130.00
CLAIMS	NUMBER FILED	NUMBER EXTRA	RATE	\$	
Total claims	19 - 20 =	0	x \$50.00	\$	
Independent claims	1 - 3 =	0	x \$200.00	\$	
MULTIPLE DEPENDENT CLAIM(S) (if applicable)			+ \$360.00	\$	
TOTAL OF ABOVE CALCULATIONS =				\$	1,130.00
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. The fees indicated above are reduced by 1/2.				\$	
SUBTOTAL =				\$	565.00
Processing fee of \$130.00 for furnishing the English translation later than 30 months from the earliest claimed priority date (37 CFR 1.492(f)).				\$	
TOTAL NATIONAL FEE =				\$	565.00
Fee for recording the enclosed assignment (37 CFR 1.21(h)). The assignment must be accompanied by an appropriate cover sheet (37 CFR 3.28, 3.31). \$40.00 per property				\$	
TOTAL FEES ENCLOSED =				\$	565.00
				Amount to be refunded:	\$
				Amount to be charged:	\$
a. <input checked="" type="checkbox"/> A check in the amount of \$ <u>565.00</u> to cover the above fees is enclosed.					
b. <input type="checkbox"/> Please charge my Deposit Account No. _____ in the amount of \$ _____ to cover the above fees. A duplicate copy of this sheet is enclosed.					
c. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. <u>07-2069</u> . A duplicate copy of this sheet is enclosed.					
d. <input type="checkbox"/> Fees are to be charged to a credit card. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.					
NOTE: Where an appropriate time limit under 37 CFR 1.495 has not been met, a petition to revive (37 CFR 1.137(a) or (b)) must be filed and granted to restore the International Application to pending status.					
SEND ALL CORRESPONDENCE TO: LAWRENCE J. CRAIN, ESQ. GREER, BURNS & CRAIN, LTD. SUITE 2500 300 SOUTH WACKER DRIVE CHICAGO, ILLINOIS 60606 312 360-0080 312 360-9315					
				SIGNATURE  Lawrence J. Crain NAME	
				31,497 REGISTRATION NUMBER	

10/522055
DT01 Rec'd PCT/PTC 20 JAN 2005

U.S. NATIONAL PHASE PATENT APPLICATION COVER SHEET
Attorney Docket No. 1606.72259

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METHOD OF NON-INVASIVE AMBULATORY EXPLORATION
FOR ASSESSING DIGESTIVE MOTRICITY AND/OR TRANSIT,
AND CORRESPONDING SYSTEM

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